3727

Thornton B. Jolley, Salisbury, Md.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERAL TO HOSP VS A1S (4) 1SM 9/5B

	U y No +					Keg. Dist.	40.			
1. PLACE OF DEATH a. COUNTY	Wercester	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceased		werses		issian)		
RURAL and give	(If autside carparate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)					wn)		
d. NAME OF HOSI OR INSTITUTION Branch	PITAL (If not in hospital, give street	d. STREET ADDRESS Branck St				e. IS RESIDENCE ON A FARMA- YES NO				
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Man 3		Day	Yeor		
5. SEX	6. COLOR OR RACE 7. MA		ttingham B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	26 AR IF UNE	19 61 DER 24 HRS.		
Male		WED DIVORCED	May 2, 1900		60 yrs.	Manths Day	s Haurs	s Min.		
10a. USUAL OCCUPAT	ION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	e ar foreign ca	untry)			COUNTRY?		
Garaner 13. FATHER'S NAME		Home	Maryle				USA			
15. WAS DECEASED EV	Brittingham VER IN U. S. ARMED FORCES? 11.	6. SOCIAL SECURITY NO. H	Maggie F	urnell	Add	ress				
Yes, no. or unknown)	(If yes, give war or dates of service)	No Ma	rs. Ida Fasse	tt. Phi	iladelphi	ia, Pa				
Canditions, if gave rise to cause (a), statin lying cause las	DUE TO any, which (b) DUE TO g the under- (c)	egenerative hea					6 mc			
CATIC	THER SIGNIFICANT CONDITIONS Diabe	tes mellitus	NOT RELATED TO THE TERM	WINAL DISEASE	CONDITION GIV	EN IN PART 1(d	PERF	ORMED?		
20g. ACCIDENT Y	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]									
Havr a. m	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 20d. INJURY OCCURRED While Not while at wark at wark at wark at wark 20d. INJURY OCCURRED factory, street, affice bldg., etc.)									
21. I certify alive an Ma ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the decer rch 26, 19 Long W.	Surely (accurred at 1184. Be:	5M, fram t	he causes an	d on the de	ote state			
220. BURIAL, CREMAT REMOVAL (Specif Burial	3/31/61	22c. NAME OF CEMETERY O		Berl	in. Md	or county)	(Ste	ate)		
23. FUNERAL DIRECTO		ADDRESS		DELT	AR 24b. REGIS	STRAR'S SIGNA				
The water 1	Toller Cold	abover WA	DATE	ADR 4	'61	Orithur S.	TiraleA			

Manager Manufer . (C. 7515) ALL TYPES TO THE TOTAL CONTRACTOR OF THE PARTY OF THE PAR ATTENDED THE THE THE at accord the state of the s Maide Market Control (Don't) as a legislative from the way one wall transfer large and the - In the state of the state of ME . MARKET TO ADD AND THE TOTAL THE TANK THE TA FOR THE STATE OF T

FOR STATE **HEALTH DEPT** TO DE. IT MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hackle, or its designated agent, prior to burial, cremation, or removal, and in any evert within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 110763 3728

- E		
V	i. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
A	. COUNTY MARYLAND	a. STATE M b. COUNTY () D
A		2007
7	write RURAL and give neerest (bwn)	c. CITY OR TOWN (If utside corporate limits, write RURAL end give neerest town)
	K) DERILL DYFORS	MY 713681111 (114.
1	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. SPREET ADDRESS 0. IS RESIDENCE
П	Rapples Md.	ON A FARM?
-1		IN Q GERILD ROUTS VES NO IX
П	3. NAME OF Pirst Middle	A. DATE Month Dey Year
П	(Type or print) NOSTE WRNCK	ROPPER DEATH (1/HR 21 1961
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1		lest birthdey) Months Deys Hours Min.
	THE WIDOWED DIVORCED F	TUE, 24, 1903 193 ym.
4	dangeduring most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)
п	Werehant Hutomotive Parts	Berlin Mid USA
Н	3. FATHER'S NAME	14. MQTHER'S MAIDEN NAME
N	Oseph Propose	Elizabeth (URNER
J		7101
1	15. WAS DECEASED EVERTIN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMENT Addy 20
1	No	(SIK.). Cropper wire, Gerlin Md.
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	a Ocalasian Acute ONSET AND DEATH
П	IMMEDIATE CAUSE (a)	OCCIOSION IJON IN SIMINI.
	7201 DUE TO	_1 \)
-	Conditions, if any, which) (b) Willer Schol	LATTE OUI
	gave rise to immediate cause DUE TO	
	(a), stating the underlying	
ı		A BULLYED TO THE TRANSPAL DISTANCE CONDITION OF THE PARTY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAI	YES NO D
	E 208, EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURED, (E)	nter neture of injury in Part I or Part II of Item 18.)
1	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLUMN CONTRIBUTING COLUMN CONTRIBUTING COLUMN COLUM	
1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
-	6.0	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
1	Hour a.m. While Not While p.m. 19 et work at work	
	21. I certify that I took charge of the remains described above, hel	ld an Autopsy , Inspection X, Inquiry , and in my opinion
	death resulted from: Natural causes . Accident . Suicident	
M	Gearli Tesuried Troini: Transi al Causos IX. Accident	
Л		CHIEF MEDICAL EXAMINER
200	SIGNATURE WILLEUM.	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	Too 14 Pail of	ST DEPUTY MEDICAL EXAMINER DA AAAA O 1 10/1
	NAME (Type) - RANCIS J. LOWNIEN & JR	Address (Street, city, lown, or county)
	228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR	
1	REMOVAL (Specify)	D = - B = 2 M2 2
	BURIAL 13/23/6/1 EVERA	RUGAL BERLINY MARYLAND
1	23. FUNERAL DIRECTOR 2 1. ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Anna 14. Lubye Bulin	DAMAR 27'61 arishur & Knows

COLUMN TO THE REPORT OF THE PROPERTY OF THE PR A CONTRACTOR OF THE STATE OF TH the country of the second ALL THE SECOND SECOND SERVICES SHOWING and the second of the second of the second A STATE OF THE RESERVE OF THE RESERV A LANGE OF THE PROPERTY OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 3729 CERTIFICATE OF DEATH il director. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND era b. CITY OR TOWN (If outside carpareterlimits, write RURAL and give negres) town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) þe the fune shauld b d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS n. IS RESIDENCE OR INSTITUTION ON A FARM? 50 YES NO pup . = NAME OF Aiddle 4. DATE Month Yeor Last Day filled DECEASED Pages death (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS campletely Months Days Hours ofter DIVORCED [WIDOWED I papers. 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? JEmmel pup pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY: DUE TO p Canditians, if ony, which gned gove rise to immediate per DUE TO cause (a), stating the underbeen si attending physicion. lying cause lost. **burial-transit** [c] PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING AR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) CAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) g. m. While Not while p. m. at work of work 21. I certify that (1) (this hospital) attended the deceased from Ph. 12(aD .. to __ 19.61, that (1) (we) lost 19.61, and that death occurred at ZAM, fram the causes and on the date stated above. sow the deceased alive an DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR [Board 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type) KAFAT TO FUNERAL page 3 sh the State BURIAL CREMATION 236 DATE THEREOF 234-NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) (Stote) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR DATEMAR 2 7 '61 VR A15 (4) arthur S. Hours 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH D. COUNTY MARYLAND C. STATE MARYLAND D. COUNTY MARYLAND C. COUNTY MARYLAND D. COUNTY MARYLAND C. COUNTY MARYLAND C. COUNTY MARYLAND D. COUNTY MARYLAND C. SEESEDEACE C. SEESEDEACE C. COUNTY MARYLAND C. SEESEDEACE C. COUNTY MARYLAND C. SEESEDEACE C. COUNTY MARYLAND C. SEESEDEACE C.		DIVISION	CERTIFICA	TE OF DEATH	03725
a. COUNTY b. CITY OR TOWN (If outside opporate limits, write RURAL and give necrest forwit RURAL and give necrest forwit C. ENGTH OF STAY IN 1b C. COUNTY C. COUNTY C. COUNTY C. COUNT OF STAY IN 1b C. COUNTY C.	<u> </u>	3730	OEKIII IOA	T	
READ give recorst form C. d. NAME OF HOSPITAL (I) eai in haspital, give spreat address) 3. SEREST ADDRESS C. N. A RAMY 1. DATE DEATH MONTH PARTITUTION 1. DATE DEATH MONTH PARTITUTION 1. DATE DEATH MONTH PARTITUTION 1. DATE DEATH MONTH DEATH MONTH DOY, Your JON. USUAL OCCUPATION (Give kind of work done) JON. USUAL OCCUPATION (Give kind of wor			MARYLAND		
S. NAME OF CLARED No.		CITY OR TOWN (If autside corporate limits, wr. RVRAD and give nearest town	c, LENGTH OF STAY IN 16	c. COY OR TOWN (If autside carporate	1. 1.
DECASED (Type or pint) Type or pint)		d. NAME OF HOSPITAL (If not in hospital, give s) OR INSTITUTION HOME	eet address)	R.T.D.#2 Box	
10. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME		DECEASED	H.P.	VI -+ OF	Main (11 11
13. WAS DECEASED EVERY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVERY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (yt), (b), and (c)-] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c) DUE TO Candidians, if any, which gove rise to immediate couse (c), storing the under line (c), storing the under line (c). Iying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [A CONTRIBUTING CAUSE (c) DEATH [IF ETHER NOTIFY MEDICAL EXAMINER] 200. ACCIDENT WAS UNDERLYING 200. INJURY OCCURRED While of work of work of work of work of work of work and work of	S. 5	1	THE THE PER INCARRIED [Mar. 2, 1876 9	by Hiday) Manths Days Haurs Min.
15. WAS DECEASED EVEY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (yfl)(b). and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (yfl)(b). and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (yfl)(b). and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (yfl)(b). and (c).] 19. PART I. DEATH WAS CAUSE (a) 19. DUE TO Conditions, if any, which gave rise to immediate cause (a), storing the under. [b) 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. THE OF INJURY Manth, Day, Year 20d. INJURY OCCURRED while of work	10a	during mast at warking life, even if retired)	Painter	STRY 11. BIRTHPLACE (State or foreign count	12. CITYZEN OF WHAT COUNTRY?
Secure of the second of the course of data of service NONE Amila H. Matthews Nonther City	13.	FATHER'S NAME Henry Matt	hows	Ellen War	ring-ton
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DU		WAS DECEASED EVER IN U. S. ARMED FORCES? , no, of university (if yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	ames H. Matthe	or Pocomoke City, 7
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			er line far (9)) (b), and (c).]	*	INTERVAL BETYEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), storing the under-lying course lost. Part If. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO IN CONTRIBUTING CONTRIBUTION COURSED CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURSE. 20c. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION COURSED CONTRIBUTION CONTRIBUTIO		//IMMEDIATE CAUSE (a)	Chonic	- Ingocarted	
gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED OR CONTRIBUTION OCCURRED OR PLACE OF INJURY (Hame, farm, 20f. (City or town) OCCURRED OR CONTRIBUTION OCCURRED OR CONT		Conditions if new which \			
PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not white of work of at work of at work of the work of the work of the color, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19. Ond that death accurred and M., from the causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) C. E. C. R. I. C. R		gave rise to immediate cause (a), stating the under-			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year While of wark at wark	z	(-)	NIS CONTRIBUTING TO DEATH BUIL	NOT DELATED TO THE TERMINAL DISEASE OF	ONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year While at wark at war	CATIO	TAIL II. OTHER STORT ICARY CONDITIO	NS CONTRIBUTING TO DEATH BUT	MALENTED TO THE LEWISHAR DISEASE CO	PERFORMED?
Hour a. m., p. m. 19 While at wark factory, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from	CERTIF	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part II	of item 18.)
saw the deceased alive an 3.—10.—1960, and that death accurred a M. M., from the causes and an the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED 22b. DATE SIGNED 22c. PHYSICIAN S NAME (Type) C. E. CRITCH C 22d. ADDRESS	MEDICAL	Hour a.m.	hile Nat while fa	ACE OF INJURY (Hame, farm, 20f. (City or ctary, street, affice bldg., etc.)	tawn) (County) (State)
220. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED 220. PHYSICIANS NAME (Type) C. E. CRITCHE 220. DATE SIGNED 220. DATE SIGNED 220. DATE SIGNED		- 1-			
22c. PHYSICIANS C. E. CRITCHEY 22c. PHYSICIANS C. E. CRITCHEY 22d. ADDRESS PHYS. DIRECTOR PHY			ond that c		22b. DATE
The complete of the complete o		22c. PHYSICIANS		M.D. PHYS. DIRECTOR	
23a, BYRIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fawn, pr county) (State)	_			mee the	- to
EUITAT STORE CITY, ITA		SUNTA 3-18-6	1 St. Jam	es Cem. Poco	moke City, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	10 -	

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MARYLAND	STATE	DEPARTMENT	OF HEALTH
and the opposite and			

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3731 CERTIFICATE OF DEATH

03726

	1. PLACE OF DEATH o. COUNTY WOrcester			MAR	rland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Worcester						
RURAL and give neorest town)			write c.	6 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Snow Hill						
	d. NAME OF HOSPIT OR INSTITUTION R.F.D. 1	TAL (If nat in haspital, giv	AL (If nat in haspital, give street address)		d. street address R.F.D. 1				e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)		SAMUEL		PRUITT	4. DATE OF DEATH	March	ith	,	Year 19 61		
	1/o 7 V.TL 4		MARRIED			August 31,	1878	9. AGE (In years last dirthday) 82 yrs.	Months Da		ER 24 HRS. Min.	
	10a. USUAL OCCUPATION during most of work Farme	king life, even if relired)	1	of Business of Farming		DUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME						
		Peter C. Pruitt					C. Pay	me				
7		R IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ice)	None		FORMANT	_	Add	res R.F.	D. 1	ld.	
	Conditions, if or gove rise to it couse (a), stoling lying couse lost. PART II. OTHER TOTAL CONTROL OF THE PROPERTY OF THE PR	mmediate the under DUE TO (c)_ HER SIGNIFICANT CONDI				note I			2	DNSET AND	AUTOPSY DRMED?	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, affice bldg., etc.) 20e. PLACE OF INJURY (Home, farm, p. m. 19 While of work of wo											
	22c. PHYSICIAN & NAME (Type)	Paul Coh	(8	her and		ATTENDING PHYS. 22d. ADDRESS	AED. DIRECTOR	STAFF PHYS.	ad on the d	T-17-7	b. DATE	
)	230. BURIAL, CREMATIO BEMOVAL (Specify)	3-10-63		First I	etery Xe	X HANGER	23d. LOCAT	noke C	ty. M	(Sidi aryla	e)	
1	24. FUNDRAL DIRECTOR	SIGNATURE DASA	PO!	ADDRESS comoke	Cit		AR 13		otrar's signal all of			

1855 3500 TO FREEZE (L) we delicate ones & (I) the sine-later E 31.72. 1001541 A PERSONAL PROPERTY AND A STREET AND A STREE saloes a mart (a) . W. C.D. Cold. STEPPING TO LONG STEP - COLD Marie Transport of the State of the State of the The second secon Series 3-10-61 First Sapriet | Forescone utt. Maryless A CONTRACTOR OF THE PROPERTY O

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

